

ELECTRICAL EXAMINATION APPLICATION

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
ELECTRICIANS' EXAMINING BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8610 FAX: (207)624-8637
HEARING IMPAIRED: 1-888-577-6690

Revised: 10/2005

Office Use Only
Lic. #: _____
Date approved: _____
Exam passed: _____
Date Issued: _____
Cash #: _____
4220-1446 \$ 25.00

APPLICATION

IMPORTANT: You must submit and mail **ALL MATERIALS** to the Electricians' Examining Board together with a \$25.00 non-refundable application fee.

TYPE OF EXAMINATION

- ☐ Master ☐ Journeyman
Type of Limited Examination:
☐ Water Pumps ☐ Outdoor Signs (including sign lighting)
☐ Gasoline Dispensing ☐ House Wiring
☐ Refrigeration ☐ Low Energy
☐ Traffic Signals (including outdoor lighting of traffic signals)
☐ Crane Technician

\$25.00 Application Fee. PAYMENT OPTIONS: ☐ Check or Money Order Payable to "Treasurer State of Maine".

☐ Credit Card: MasterCard or VISA Only. Complete the following:
I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA - - Exp. Date ____/____/____
in the amount of \$25.00 (application fee). Signature: _____

NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS.

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of applicant (Legal Name): _____

Contact Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

Home Telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____

Social Security Number: _____

Date of Birth: ____/____/____

Sex: ☐ Male ☐ Female

Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

Have any of your licenses ever been revoked or suspended in this or any other state?
☐ Yes ☐ No If yes, please state date of suspension or revocation, type of license and the licensing State. _____

Do you or have you ever held any type of electrician's license in the State of Maine?
☐ Yes ☐ No If so, what type of license _____, dates _____.
Is it still current? ☐ Yes ☐ No

Do you or have you ever held any type of electrician's license in any other State?
☐ Yes ☐ No If so, what type of license _____, dates _____.
Is it still current? ☐ Yes ☐ No

TRAINING AND EDUCATION

EDUCATION AND TRAINING	FROM MO. YR.	TO MO. YR.	ELECTRICAL COURSES COMPLETED
HIGH SCHOOL			
CORRESPONDENCE			
TECHNICAL SCHOOLS OR INSTITUTES			
COLLEGE			
CODE COURSES			

An electrical program of study, comprising 576 hours as approved by the Board or from an accredited institution, must be satisfactorily completed. Please complete this section by listing all electrical related classes you have completed, **and submit proof of completion by diploma or transcript.** Applicants not completing all necessary classes will not be considered for approval. (See Bulletin of Information for educational requirements and for additional requirements)

CLASSES COMPLETED	SCHOOL/LOCATION	DATE	HOURS	BOARD APPROVED
TOTAL HOURS OF SCHOOLING _____				

EMPLOYMENT RECORD: In the space provided below, please furnish a record of employment you have had as an **ELECTRICIAN**. Describe in detail the type of electrical work you have performed in each position, including any special duties you have undertaken and any unusual responsibilities you have assumed. Use your name as it appears on the company's payroll if different from that given on this application. If more space is needed, attach an 8 ½ x 11 sheet of paper to this application.

PRESENT OR LAST EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	Names of Other Electricians Employed With You:
SUPERVISOR'S NAME & TITLE:	
DETAIL OR WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	Names of Other Electricians Employed With You:
SUPERVISOR'S NAME & TITLE:	
DETAIL OR WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	Names of Other Electricians Employed With You:
SUPERVISOR'S NAME & TITLE:	
DETAIL OR WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	Names of Other Electricians Employed With You:
SUPERVISOR'S NAME & TITLE:	
DETAIL OR WORK PERFORMED:	

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

ATTACH A PHOTO OF YOURSELF

Signature of Applicant

Date

REFERENCES: Give below the name and address of three references, either a master or a journeyman electrician who can certify your hours of experience, reliability and quality of electrical work.

MASTER, LIMITED
Or JOURNEYMAN

Name Address Telephone

MASTER, LIMITED
Or JOURNEYMAN

Name Address Telephone

MASTER, LIMITED
Or JOURNEYMAN

Name Address Telephone

Board Members Denying Application _____
(please initial)

Date: _____

Reason for Denial: _____